

HARFORD COUNTY HEALTH DEPARTMENT

Division of Food Control

120 South Hays Street, Suite 200

Bel Air, Maryland 21014-0797

443-643-0305/410-879-2684

Fax # 443-643-0333

Application is hereby made to operate a food service facility in accordance with Resolution No. 10-89.

Please print or type clearly. Incomplete applications will not be processed.

PLEASE PRINT OR TYPE

FACILITY INFORMATION

Facility Name _____

Facility Address _____ City _____ Zip _____

Facility Phone # _____ FAX# _____

Mailing Address _____ City _____ Zip _____

Hours of Operation _____

Seating Capacity _____

Number of Employees _____

Is Off-Premise Catering Offered? _____

OWNER/CORPORATION INFORMATION

Owner's Name/Corporation Name _____

Owner/Corporation Mailing Address _____

Owner/Corporation Phone # _____ FAX# _____

Signature of Applicant _____ **X**

If Corporation or LLC, Please Complete

Corporation Name _____

Corporate Officers _____

LLC Members _____

Check Appropriate Boxes

Water Supply _____ Public _____ Private Well

Sewage Disposal System _____ Public _____ Private Septic _____ Holding Tank

Grease Interceptor _____ No _____ Yes Date of Last Pump Out _____

OFFICIAL USE ONLY

I.D. NUMBER _____ DATE ISSUED _____

CATERER NUMBER _____

TYPE OF FACILITY _____ PRIORITY _____ SEATING CAPACITY _____